

Texas Commission on Environmental Quality

Environmental Crimes Unit



CR-FY10-008
ATTACHMENT 1
NOTICE OF REGISTRATION



UOR A 85989 CO

REGISTRATION FOR USED OIL HANDLER AND/OR USED OIL FILTER HANDLERS

If you have questions on how to fill out this form or about the Used Oil Recycling Program, please contact us at 512/239-6832, option 2. Individuals are entitled to request and review their personal information the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512/239-3282.

This form must be accompanied by the Core Data Form, TCEQ-10400

TCEQ Used Oil Handler Registration Number: <u>A</u>	Handler Registration Expiration Date: <u>One Time Registration</u>
(TCEQ OFFICE USE ONLY)	Filter Handler Registration Expiration Date: <u>December 31, 200</u>
GIN: _____	TCEQ Customer Reference Number (if known): CN <u>603423427</u>
	TCEQ Regulated Entity Number (if known): RN <u>10515611</u>

****NOTE:** This form must be submitted with the Core Data Form, TCEQ-10400 attached.

To obtain a Used Oil Handler registration number, an applicant must comply with applicable federal, state and local regulations. Documentation demonstrating compliance must accompany the application, including financial assurance and management and safety plans as applicable in 30 TAC Chapter 324 and 40 CFR Part 279.

To obtain a Used Oil Filter Handler registration number, an applicant must comply with applicable federal, state and local regulations. Documentation demonstrating compliance must accompany the application, including financial assurance and management and safety plans as applicable in 30 TAC Chapter 328 Subchapter D.

USED OIL/USED OIL FILTER HANDLER FACILITY	
Company Name: <u>Port Arthur Chemical & Chemical Services, LLC</u>	
Name of Handler Facility: <u>Port Arthur Chemical & Environmental Services, LLC</u>	
On-site (Local) Representative/Title: <u>(b) (6), (b) (7)(C)</u> , Vice President	
CONTACT REPRESENTATIVE	
If same as Local Representative, check here and skip this section	
Name/Title (person to be contacted regarding used oil/used oil filter activities at this facility): <u>(b) (6), (b) (7)(C)</u> , HSE Manager	
Company: <u>CES Environmental Services, Inc</u>	Contact Phone: <u>(b) (6), (b) (7)(C)</u>
Contact Mailing Address: <u>4904 Griggs Road</u> <small>Street/P.O. Box</small> <u>Houston, TX 77021</u> <small>City, State, Zip</small>	
*USED OIL RECYCLING ACTIVITY (Check all that apply)	
<input checked="" type="checkbox"/> Transporter	<input checked="" type="checkbox"/> Processor (describe processing method)
<input checked="" type="checkbox"/> Transfer Facility	<input checked="" type="checkbox"/> Re-refiner
	<input type="checkbox"/> Burner of Off-spec Used Oil
	<input checked="" type="checkbox"/> Marketer who first claims used oil meets specs
	<input checked="" type="checkbox"/> Marketer who directs shipments to burners
*USED OIL FILTER RECYCLING ACTIVITY (Check all that apply)	
<input type="checkbox"/> Transporter	<input type="checkbox"/> Storage Facility
<input type="checkbox"/> Processor (describe processing method)	

TRANSPORTER VEHICLE INFORMATION (attach a list of additional vehicles if needed)

Make	Model	Year	VIN Number
	ATTACHED		

REGISTRATION REQUIREMENTS

To apply for registration as a Used Oil or Used Oil Filter Transfer Facility, Processor or re-refining operation, you must provide the following information for your application to be complete:

Certification: This document and all attachments were prepared under my direction or supervision according to a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

I certify the statement, by (b) (6), (b) (7)(C), Title Vice President
that my facility is 600 ft. by 162 ft. = 97200 square ft.

A simple diagram (blue-line, CAD type or hand drawn diagrams are acceptable) indicating all areas where used oil and used oil filters are transported, stored or processed that corresponds to the above certified square footage for the facility.

FINANCIAL ASSURANCE

All handlers must comply with the demonstration of financial responsibility at the time of registration. The agency accepts trust funds, surety bonds, letters of credit or financial test and corporate guarantee. Failure to disclose to the Commission any of the required information may result in loss of state contracts, non-issuance of registration or non-renewal of registration.

CERTIFICATION STATEMENT

I certify that the above information is true and correct to the best of my knowledge, and that I will abide by all State or Federal rules, regulations and laws governing the collection, management and recycling of used oil filters.

Are there any outstanding fees or penalties due to the TCEQ from this owner? If yes, provide the amount \$ na; nature of the fee or penalty na; and the identifying account number na. The registration form will not be processed until all delinquent fees and/or penalties owed to the TCEQ are paid.

Signature: (b) (6), (b) (7)(C) Date: 08-25-2009

Name (Type or Print): (b) (6), (b) (7)(C)

Texas Commission on Environmental Quality

Used Oil Recycling Program
P.O. Box 13087, MC-129, Austin, Texas 78711-3087
(512) 239 - 6832, option 2
Internet address: <http://www.tceq.state.tx.us>



4904 Griggs Road
Houston, TX 77021
Phone: (713) 676-1460
Fax: (713) 676-1676

Fax

To:

(b) (6), (b) (7)(C)

From:

(b) (6), (b) (7)(C)

Mobile: (b) (6), (b) (7)(C)

Email: pthangudu@cesenvironmental.com

Fax:

(b) (6), (b) (7)(C)

Pages:

Phone:

Date:


8-25-09

(b) (6), (b) (7)(C)

Here are the forms for used oil handler.
I will appreciate it if you can fax me the
registration number to (b) (6), (b) (7)(C)
Thank you very much.

Regards,

(b) (6), (b) (7)(C)

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 14)	EPA ID Number: <u>T X R 0 0 0 0 7 9 3 0 7</u>		
3. Site Name (page 14)	Name: <u>Port Arthur Chemical & Environmental Services, LLC</u>		
4. Site Location Information (page 14)	Street Address: <u>2420 South Gulfway Drive</u> City, Town, or Village: <u>Port Arthur</u> State: <u>TEXAS</u> County Name: <u>Jefferson</u> Zip Code: <u>77640</u>		
5. Site Land Type (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. <u>325188</u> B. <u>324191</u> C. <u> </u> D. <u> </u>		
7. Site Mailing Address (page 15)	Street or P. O. Box: <u>4904 Griggs Road</u> City, Town, or Village: <u>Houston</u> State: <u>Texas</u> Country: <u>USA</u> Zip Code: <u>77021</u>		
8. Site Contact Person (page 15)	First Name: <u>(b) (6), (b) (7)(C)</u> MI: <u> </u> Last Name: <u>(b) (6), (b) (7)(C)</u> Phone Number: <u>(b) (6), (b) (7)(C)</u> Extension: <u> </u> Email address: <u>(b) (6), (b) (7) @ casenv.com</u>		
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: <u>(b) (6), (b) (7)(C)</u> Date Became Operator (mm/dd/yyyy): <u>08/12/2008</u> Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other B. Name of Site's Legal Owner: <u>(b) (6), (b) (7)(C)</u> Date Became Owner (mm/dd/yyyy): <u> </u> Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

EPA ID NO: TXR000079307

OMB#: 2050-0028 Expires 06/30/2009

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

		N/A				

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

0001131	00021132	00039992	00043191	00053192	00065191	00075192

12. Comments (See instructions on page 21.)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
(b) (6), (b) (7)(C)	J. R.	8/26/09

Buddy Garcia, *Chairman*
Larry R. Soward, *Commissioner*
Bryan W. Shaw, Ph.D., *Commissioner*
Mark R. Vickery, P.G., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

September 01, 2009

(b) (6), (b) (7)(C)

PORT ARTHUR CHEMICAL & ENVIRONMENTAL SERVICES LLC
4904 GRIGGS RD
HOUSTON, TX 77021-3208

Re: Registration for Used Oil Activities at: PORT ARTHUR CHEMICAL & ENVIRONMENTAL SERVICES
2420 GULFWAY DR
PORT ARTHUR, TX 77640-4541

TCEQ Registration number: A85989 EPA ID Number: TXR000079307
Regulated Entity Number: RN105156111 Customer Number: CN603423427

ONE TIME REGISTRATION FOR THIS USED OIL HANDLER Issued: 08/31/2009

Dear Registrant:

The Texas Commission on Environmental Quality (TCEQ) has received your "Registration for Used Oil Handler" form. Our records indicate that your application is administratively complete and you are currently registered in the State of Texas as the following:

MARKETER WHO DIRECTS SHIPMENTS TO BURNER
MARKETER WHO FIRST CLAIMS UO
PROCESSOR
RE-REFINER
TRANSFER FACILITY
TRANSPORTER

A copy of this registration must be retained at your designated place of business and if you are registered as a transporter, in each vehicle used to transport the above mentioned.

Your assigned TCEQ Registration Number is A85989. Please contact our office within 30 days, whenever:

- * your office mailing address changes;
- * your registered facility name changes;
- * there is a change in ownership; or
- * the operations or management methods are no longer adequately described in your existing registration.

If you should have any questions, please feel free to contact the Used Oil Registration Program at (512) 239-6832 option 2.

(b) (6), (b) (7)(C)